PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number 10 687 059							
Effective October 1, 2003															
CLAIMS AS FILED - PART I (Column 1) (Column 2)									L EI	NTITY	OB		THAN ENTITY		
TOTAL CLAIMS			20		-		-	RAT	E	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			29 minus 20=		•	φ		X\$ 9)=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		•	· p		X43	=		OR	X86=	<u> </u>		
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145	=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0						column 2		TOTA	NL.	385	OR	TOTAL			
CLAIMS AS AMENDED - PA											3	OTHER			
(Column 1) (Column 2) (Column 3)								SMAI	LL I	ENTITY	OR 1	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	Ε .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 20	Minus ·	.3	2	.)		X\$ 9	-	/	OR	X\$18=			
	Independent	· 3	Minus	3	5		li	X43=			OR	X86≖			
FIRST PRESENTATION OF MULTIPLE DEPENDE								+145			OR	+290=			
							L	TOT				TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)								AUDIT. FEE						
AMENDMENT B	5/4/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EA USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.20	Minus	- 2	0	=	П	X\$ 9=			OR	X\$18=			
	Independent	NTATION OF MU	Minus	ENDENT.) CI 404	=/		X43=	1		OR	X86=			
<u> </u>			ochir de ber	ENDEN	CONIN			+145=			OR	+290=			
							A	TOT/ DDIT. FE	E		OR ,	TOTAL LDDIT, FEE			
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		.	Γ	X\$ 9=	7		OR	X\$18=			
ME	Independent	•	Minus	***		8	r	X43=	1	-		X86=			
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR	~ 00=			
* If the entry in column 1 is less than the entry in column 2 write W in column 3															
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

FORM PTO-673 (Rev. 10/03)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE